

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	7-6-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
-/- .....	Restricted	O .....	Objected

Claim	Final	Original	Date
1	0	0	
2	0	0	
3	0	0	
4	0	0	
5	0	0	
6	X	X	
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16	1	1	
17	0	0	
18	0	0	
19	0	0	
20	0	0	
21	0	0	
22	0	0	
23	0	0	
24	0	0	
25	0	0	
26	0	0	
27	0	0	
28	0	0	
29	X	X	
30	1	1	
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Claim	Date
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Claim		Date					
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If more than 150 claims or 10 actions  
staple additional sheet here

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